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APPLICANTS

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\*\* CONTINUING DATA *none* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *none* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>gh</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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TITLE  
 Breast protection device for a nursing mother

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